



The COVID-19 Pandemic Exposes and Exacerbates Inequalities for Vulnerable Groups: A Systematic Review

Fawad Husain¹, Sara Akram², Hamad Abdulla R A Al-Kubaisi³, Frass Hameed⁴

¹ Assistant Director/Research Analyst, Institute National Counter Terrorism Authority, Pakistan.

Email: fawad.hussain1191@gmail.com

² Department of Anthropology, Quaid-i-Azam University, Islamabad, Pakistan.

Email: saraakram452@gmail.com

³ Senior Associate, Qatar Investment Authority Institute, Qatar. Email: h_alkubaisi@icloud.com

⁴ Assistant Director, National Accountability Bauru Pakistan. Email: frasshameed.nab@gmail.com

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ABSTRACT

This paper examines the disproportionate impact of COVID-19 on vulnerable populations. COVID-19 is widely acknowledged to necessitate physical isolation as a new norm. The consequences of the closure varied among individuals. COVID-19 is linked to societal disparities in terms of its occurrence, diagnosis procedures, and seriousness. Discrepancies occur due to differences in viral exposure, increased vulnerability to infection, higher prevalence of severe health conditions with substantial consequences, and unequal access to healthcare. The impact of COVID-19 can be significantly influenced by several socioeconomic determinants of health, such as poverty, environmental factors including homelessness, and one's racial or cultural heritage. In this review study, the frequency of discriminatory practices—which often result from people's preconceived biases—is analyzed. These conducts put people at risk, restrict their capacity to participate in social activities, impede their ability to acquire new skills, and frequently block their access to secure housing, healthcare, education, and a steady income. The study aims to investigate the discriminatory impact of COVID-19 on individuals who experience social deprivation. This aspect of the research focuses primarily on analyzing four crucial factors: homelessness, racial prejudice, gender inequity, and the susceptibility of older individuals. The aforementioned concerns primarily pertain to the lower-income demographic, which experiences the most restricted access to fundamental commodities and health insurance.

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Corresponding Author's Email: saraakram452@gmail.com

1. Introduction

SARS-CoV-2, a pathogen, is the cause of the emergence of COVID-19. As of August 23, 2022, this disease has had a swift global expansion, resulting in the infection of over 771,820,937 individuals and causing more than 6,978,175 fatalities (WHO, 2023). COVID-19 has been widely recognized as a new standard that requires physical distancing measures worldwide. However, it is becoming more evident that socioeconomic health inequalities have a significant and unequal effect on the rates of illness and death caused by COVID-19. Various socioeconomic determinants of health, such as income, environmental factors (e.g., homelessness), and racial or ethnic background, might significantly impact the outcomes of COVID-19. Individuals may experience bias based on various factors like age, disability, ethnicity, nationality, race, religion, sex or gender, sexual orientation, language, and culture, among others. Discrimination, which arises from individuals' preconceived ideas, makes people vulnerable, limits their involvement in society, restricts their ability to improve their skills, and often prevents them from obtaining job, healthcare, education, and housing (COMPASS, 2022).

Discrimination has an impact on both the individual and structural aspects. It pertains to large-scale barriers (such as residential segregation) that limit "opportunity, resources, and well-being" for marginalized populations (Coke & Hayman, 2021). Individual discrimination refers to negative interactions that occur between individuals within institutional settings Wingfield and Chavez (2020) (such as a medical doctor and a person receiving medical treatment) or as individuals in the public or private sphere Jilke, Van Dooren, and Rys (2018) (for example, a salesperson and a client) (e.g., race, gender, etc.) (Wang et al., 2021). Both personal and systemic bias can lead to intentional or unintentional harm, depending on how an individual perceives it (Kearney, Barg, Alexis, Higginbotham, & Aysola, 2022). Discrimination is a social stressor that can have physiological effects on the body, including increased heart rate, feelings of anxiety, and heartburn. These effects can build up over time and result in unfavorable long-term health outcomes (Kim et al., 2020). This literature review aims to elucidate the vulnerability experienced by marginalized communities. This study primarily examines four main themes: homelessness, racial discrimination, women's status as second-class citizens, and the vulnerability of elderly citizens. The research's principal purpose is to investigate the more severe impact of COVID-19 on socially vulnerable individuals. The aforementioned issues primarily revolve around the low-income demographic, which possesses the most limited availability of life and health insurance.

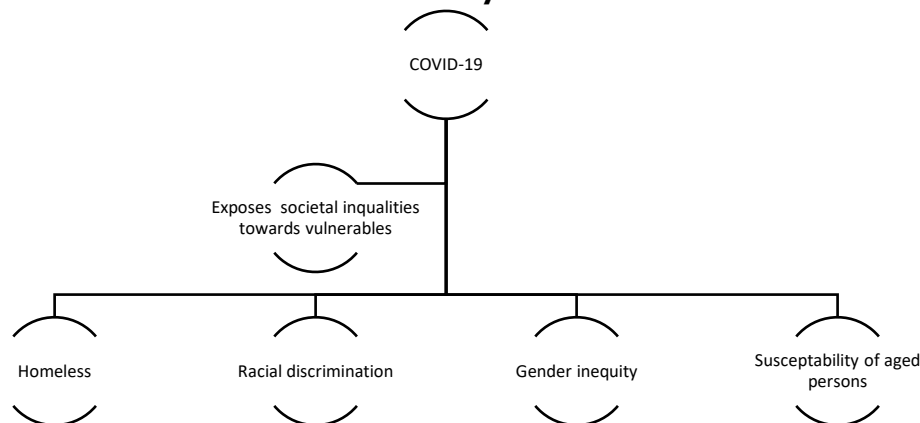
2. Research Question

The study aims to investigate the discriminatory impact of COVID-19 on individuals who experience social deprivation.

2.1. Discussion

The global COVID-19 pandemic has impacted every nation, ethnic group, and individual worldwide over the past years; however the effects have not been distributed uniformly or justly. The epidemic has exacerbated the challenges faced by marginalized and vulnerable communities due to systemic obstacles such as racism, economic disparity, detrimental gender norms, and homelessness. The disparate impact of COVID-19 has exposed historical gender and other inequalities in Pakistan. This aspect of the research focuses primarily on analyzing four crucial factors: homelessness, racial prejudice, gender inequity, and the susceptibility of older individuals.

Figure 1: Theme of the Vulnerable Community



3. Homeless Individuals and COVID-19

Homelessness poses a significant and pressing global public health issue. Furthermore, it is a conspicuous outcome of the correlation between unemployment, poverty, and the absence of reasonably priced housing. Homelessness is an integral component of a cycle characterized by severe poverty. Individuals with lesser incomes or larger expenses are more susceptible to losing their homes in the event of changing circumstances. As expected, there is a strong correlation between higher poverty rates and a bigger homeless population (Latimore & Pape, 2021). Factors contributing to homelessness encompass economic pressures, legal measures, budgetary considerations, sociological shifts, and government views towards welfare payments. Homeless individuals face significant challenges in securing employment and achieving housing stability due to their physical and mental health issues, physical disabilities, substance abuse, and a background of domestic violence and trauma (Aurand, 2019). The homeless population

experiences a greater prevalence of SARS-CoV-2 infection due to a lack of safe housing and unfavorable conditions in shelters and drop-in centers (Jamison, 2018; Leung, Ho, Kiss, Gundlapalli, & Hwang, 2008; Tsai & Wilson, 2020). The rapid spread of SARS-CoV-2 among a shelter population can be attributed to the limited availability of healthcare and social services, which in turn leads to delayed diagnosis of illnesses (Tsai & Wilson, 2020). Due to the elevated incidence of medical comorbidities, such as cardiovascular disease, respiratory issues, hepatic disorders, and high rates of tobacco use in homeless populations, individuals experiencing homelessness face a heightened susceptibility to serious health complications (Baggett, Liauw, & Hwang, 2018; Tibbetts, Ottoson, & Tsukayama, 2020). A growing percentage of persons experiencing homelessness are above the age of 65, raising the risk of significant mental illness (Hahn, Kushel, Bangsberg, Riley, & Moss, 2006; Peak et al., 2020).

The living conditions of the homeless are conducive to disease outbreaks. A significant number of homeless individuals live in congested conditions, either in authorized places such as shelters or halfway homes, or in unofficial places such as encampments or abandoned buildings. They often do not have regular access to essential hygiene products or washing facilities, which can contribute to the spread of viruses. Homeless individuals, being a susceptible demographic, are at risk of contracting COVID-19, which can greatly affect their ability to secure housing and their overall emotional and physical well-being. The discrepancy in mortality rates may be increased by the infection of COVID-19 (Tsai & Wilson, 2020). Individuals who are living in poverty, experiencing social exclusion, facing stigma, or being subjected to discrimination are disproportionately impacted by outbreaks of infectious diseases, including epidemics and pandemics (Bedford et al., 2020; Jamison, 2018; Leung et al., 2008). This distinction is especially crucial for those experiencing homelessness during the ongoing coronavirus disease 2019 (COVID-19) pandemic. Homeless shelters are conducive to the transmission of SARS because to factors such as overcrowding, congestion, challenges in maintaining physical distancing, and frequent turnover of residents (Bedford et al., 2020; Tsai & Wilson, 2020).

There are about 20 million homeless persons in Pakistan Ayaz, Wiwatpanit, Kietinun, and Pattaraarchachai (2018). This accounts for approximately 9% of the entire population. The majority of them are homeless and live in slums, shelters, or temporary lodgings. Over 40% of Karachi, the urban center of Pakistan, is populated by residents living in slums. That is effective for a population of around 5.9 million individuals. Furthermore, it is estimated that 200,000 individuals reside on the streets. This presents specific challenges (Ahmed, Ahmed, & Ahmed, 2022). Due to the proliferation of the coronavirus, the situation has deteriorated. Pakistan has recorded a total of 72,000 confirmed cases of the coronavirus, along with 1,500 fatalities and 26,000 individuals who have successfully recovered. In Pakistan, a developing nation, homeless individuals face challenges due to a scarcity of essential resources such as nutritious food and safe drinking water. Additionally, they contend with internal discord within specific communities and natural disasters like earthquakes, which lead to the separation and displacement of these individuals from their families. Although Pakistan does not rank among the top 10 largest countries in terms of land area, it possesses the fifth-highest population globally. Pakistan's population is around 220 million, although the true count may be significantly higher due to the substantial influx of refugees from neighboring countries such as Afghanistan (Yusuf, 2020). Although it has a substantial population and is one of the rapidly growing urban areas in South Asia, it is not a wealthy country. The poverty line is crossed by a significant portion of the whole population, approximately 35%, which amounts to 77,000,000 individuals. This can be attributed to the low GDP per capita of \$1,193.73 in 2020, which indicates that many people are unable to meet their basic needs (Mahmood, Yu, & Klasen, 2019).

Approximately 39% of the population in Pakistan resides in various manifestations of poverty. This demonstrates that individuals generally face a dearth of access to suitable housing, nutritious food, quality education, and healthcare, in addition to a scarcity of financial resources. Water and power are generally limited in availability. They are indeed destitute in various aspects due to their wickedness permeating multiple areas of their existence (Pakistan Homeless Statistics, 2022). Pakistan has the highest frequency of homelessness in South Asia, since about 40% of the population experiences multidimensional poverty, which significantly raises the risk of homelessness for everyone (Tariq, Idrees, Abid, & Samin, 2014). Homeless individuals are at a higher risk of facing multiple conditions, such as malnutrition and potentially weakened immunity to infectious agents like COVID-19. This is primarily due to factors like overcrowding, inadequate public hygiene, improper waste management, harsh weather conditions, and

contamination. Consequently, there is an elevated likelihood of increased infections, substance abuse, and overall poorer physical and mental health among this population. Homeless individuals with limited literacy or education have minimal access to information regarding COVID-19. They are primarily concerned about experiencing food insecurity and succumbing to death prior to the full impact of COVID-19. Their inadequate testing, leading to insufficient detection and disregard, exacerbates the situation. The nomadic nature of the homeless population intensifies the disturbance. Therefore, within this group, the concepts of early case finding and contact tracing, which are vital strategies in combating the COVID-19 pandemic, are regarded as "myths"(Banerjee & Bhattacharya, 2021).

4. Racial and Ethnic Discrimination

Discrimination and harassment targeted at those with diverse backgrounds, nationalities, or ethnicities perpetuate the notion of "otherness." In times of crisis, individuals often perceive one other as part of indistinct collectives. As a result, companies that conform to the public's perception of what is important are set apart from those that do not. These "others," who are frequently individuals belonging to ethnic minorities, are occasionally shown in the media as unfamiliar and dehumanized due to specific political and moral ideologies (Jordan, 2008). The COVID-19 outbreak has highlighted the issue of exacerbating socioeconomic gaps in our towns and counties, particularly impacting low-income communities of color, indigenous, immigrant, and refugee populations (Jacobson, 2020). The COVID-19 pandemic has significantly exacerbated instances of discrimination against minority groups in recent times, as it has diverted the public's focus. Reports indicate that Christians and Hindus have consistently been denied access to food provisions. Christians in Pakistan constitute a substantial portion of the frontline workforce, and because to their inadequate access to essential protective gear, they are at a higher risk of contracting the virus, as acknowledged by medical experts. Despite the imperative of keeping "social distance" at home for the sake of individual and community health, Hindu residences in Punjab have been sporadically razed (Joshi, 2020; Stone, 2020).

UNESCO aims to address the socioeconomic factors that influence health in COVID-19 recovery programs. It collaborates with the UN Network on Racial Discrimination and the Protection of Minorities to support progress in important areas like health equity. The potential ramifications of structural inequality and racism on the diagnosis and management of COVID-19 encompass factors such as the availability of telemedicine services, the degree of attention given to individuals' symptoms, the prioritization of COVID-19 testing, the order of hospitalization, the allocation of personal protective measures, the provision of respiratory devices both in medical facilities and at home, and ultimately, the administration of immunization (UNO, 2021). The predominant religious minorities in Pakistan, particularly Christians and Hindus, constitute the bulk of sanitation workers. Sanitation roles are characterized by poor wages and low social standing. Street and sewage cleaners perform daily tasks in hospitals, clinics, streets, and sewers without access to personal protective equipment (PPE), despite the presence of risks and protective measures provided to other essential workers during the Covid-19 pandemic. The inherent demeaning nature of the traditional caste system forces individuals to internalize and resign themselves to it as their predetermined destiny. Being a Dalit, underprivileged, and a member of a religious minority in Pakistan has resulted in enduring everyday psychologically harmful language, as well as political and social exclusion (Gill, 2020). Sanitation workers in undeveloped countries such as Pakistan sometimes experience low social status and have limited access to education (Patwary et al., 2021). Health care professionals encompass a range of roles, including doctors, nurses, technicians, paramedics, and non-clinical employees such as patient navigators, security officers, housekeepers, attendants, and sanitary workers. Although there is a vast amount of evidence-based literature available on the risks and safety of healthcare workers, the majority of studies have focused on the medical personnel, specifically doctors and nurses (Sahu et al., 2020; Spoorthy, Pratapa, & Mahant, 2020). Historically, there has been insufficient consideration given to the safety of sanitation workers, who are also vulnerable to getting the virus due to their handling of infected waste (Malik, Musharraf, Safdar, & Iqbal, 2022).

Lockdowns have been implemented in low- and middle-income nations because to the extensive dissemination of the Covid-19 virus. Due to this disturbance, individuals who rely on illicit sources of income and those who are impoverished face highly difficult circumstances (REGIONAL ECONOMIC OUTLOOK, 2020). The COVID-19 pandemic has a far greater impact on

individuals living in extreme poverty worldwide. In 2021, the average income of the poorest 40% of the worldwide income distribution has decreased by 6.7% compared to pre-pandemic predictions. On the other hand, the average income of the top 40% has decreased by 2.8%. The significant disparity exists because the bottom 40% of the population has not yet started to compensate for their decline in earnings, whilst the top 40% have already regained more than 45% of their initial income losses. During the period from 2019 to 2021, the average income of the bottom 40% of the population decreased by 2.2%, while the average income of the top 40% declined by 0.5% (Sánchez-Páramo, Hill, Mahler, Narayan, & Yonzan, 2021). World Bank research conducted in developing nations indicate that impoverished households had a slightly greater rate of income and job loss compared to affluent households. This trend exacerbates global poverty and inequality. The disproportionate impact was observed among vulnerable populations, including women, individuals with lower levels of education, and those engaged in informal labor in metropolitan areas (Deaton, 2021). However, it is uncommon for general economic shutdowns, such as the one experienced during the COVID-19 outbreak, to occur in low-income countries where impoverished households reside. The pandemic significantly impacted the economic welfare of disadvantaged households in low-income rural countries due to the heightened susceptibility to contracting the virus while engaging in their usual activities, such as agricultural work and non-agricultural occupations. The epidemic had an indirect impact on the lives of impoverished households since it compelled developing nations' governments to enforce strict lockdown measures, temporarily halting economic operations.

5. Women Experiences with COVID-19

In addition to its impact on human health, pandemic containment measures such as lockdowns and social isolation have significantly transformed daily life and work patterns (Waris, Atta, Ali, Asmat, & Baset, 2020). Women, like other individuals, were more vulnerable to the effects of these circumstances due to their disadvantaged status. Based on a recent study conducted by the United Nations on the gender aspects of COVID-19, it is anticipated that the pandemic will exacerbate existing gender inequalities and may have significant negative consequences on the lives of vulnerable individuals in impoverished nations such as Pakistan. The COVID-19 outbreaks indicate that women may have a larger adverse impact than men in the long run. Gender disparities are shaped by many factors and characteristics within different groups. These attributes may also encompass supplementary crisis management responsibilities, particularly during the initial phases of prevention, mitigation, and monitoring. Women play a leading role in risk communication and reduction due to their active involvement in families and communities. Addressing the effects of gender is crucial for effectively managing the current COVID-19 threat and any potential future pandemic catastrophe (Rana et al., 2021). Females already exhibited a higher propensity for engaging in part-time employment, receiving poor wages, or working without compensation compared to males. The economic status of women is anticipated to be adversely impacted by the COVID-19 crisis because to their higher likelihood of job loss or reduced working hours. This is mostly attributed to their overrepresentation in industries that are significantly affected by lockdown measures (EIGE, 2021). The International Labor Organization (ILO) states that the COVID-19 shutdowns have had a greater negative impact on women and Pakistan's clothing sector, which heavily relies on exports. Approximately 14% of women are employed in Pakistan's garment industry, which constitutes the majority of the workforce (Shanmugasundaram, 2021). Female individuals constitute the bulk of caregivers for the ill, rendering them more susceptible to contracting infections (O'Donnell, 2020). Due to cultural customs around death, declining to visit ill individuals was considered a substantial ethical lapse.

Approximately 20% of women in Pakistan are currently employed in occupations that generate income. Most of them work in the unregulated low-wage industry. Low-wage markets are more vulnerable to public health hazards. Due to the financial constraints faced by businesses during the lockdown, there is a possibility of layoffs for many women, particularly domestic workers and those employed by small and medium-sized enterprises. Based on a comparative study of individuals who work from home, it has been found that there are currently 12 million home-based workers earning a monthly income ranging from Rs. 3000 to Rs. 4000. These workers encounter various difficulties, including insufficient income security, a lack of social protection, and heightened economic vulnerability during times of crisis (GIWPS, 2021).

6. Heavily impacted Senior citizens by COVID-19

It has been widely accepted that COVID-19 increases the risk of major illnesses and death in the elderly. The ongoing COVID 19 epidemic is one of the worst for senior citizens in terms of morbidity and mortality (Wu & McGoogan, 2020). They are highly susceptible to negative consequences due to the precautionary steps implemented to safeguard them from the dangers posed by the virus. Healthcare professionals should be cognizant of the fact that senior patients are now particularly vulnerable to social isolation, financial challenges, limited access to necessary medical care and supplies, and concerns about avoiding COVID-19. Typically, these patients depend on family caregivers, who may face increased stress as a result of challenging financial situations and conflicting time constraints. Regrettably, it is widely recognized that each of these characteristics augments the likelihood that older individuals may encounter elder abuse (Lehtisalo et al., 2021). Pakistan has the world's sixth largest population. As the world's elderly population develops, Pakistan is seeing a similar trend. It is estimated that 7% of the country's population (about 14 million individuals) are over 60. (2019, British Council) It is expected to increase to 8.5% in 2030 and 12.9% in 2050. It is a human success tale about extending lives via enormous advances in medical technology and health.

The challenges faced by the elderly in a developing country include political instability, limited economic progress, insufficient elderly savings, and a frail pension system, which collectively contribute to a difficult existence for them. In Pakistan, the field of geriatrics is not officially acknowledged nor actively pursued as a medical specialist. Due to the limited prevalence of health insurance, individuals are obligated to personally cover the costs of all medical conditions. The aged and disabled in developing countries have significant hurdles due to inadequate infrastructure and severe traffic conditions. They rely on others and public transportation for their movement, exacerbating their difficulties. The COVID-19 pandemic has exacerbated the challenges faced by the aged population. The study investigated the transportation and mobility challenges experienced by elderly and disabled individuals in Pakistan due to the implementation of COVID-19 preventive measures. People faced mobility challenges during the COVID-19 pandemic as a result of limited access to public transit and inadequate enforcement of social distancing measures and standard operating procedures (SOPs) during lockdown (Tirachini & Cats, 2020). Most Pakistani commuters depend on private automobiles for their everyday transportation requirements. COVID-19's effect on mobility primarily affects individuals without private vehicle ownership (Ravensbergen & Newbold, 2020).

Elderly individuals encounter a greater number of health issues compared to younger persons due to the deterioration of biological systems that occurs with age. As individuals in Pakistan age, they encounter several challenges such as the necessity for companionship from friends and family, feelings of isolation, adjustments in lifestyle, a decline in self-esteem upon retirement, reduced income, loss of social standing, and a degradation in physical capabilities. Elderly individuals are more susceptible to depression due to a multitude of contributing variables. Moreover, elderly individuals' health is impacted by bad dietary habits, tobacco consumption, and inadequate physical activity (Khan, Toor, & Amjad, 2018). In order to be eligible for retirement in Pakistan, an individual must have reached the age of 60 (Saleem et al., 2009). Despite being commonly perceived as "ancient," the majority of individuals in this age group remain mentally and physically active (Cunningham, O'Sullivan, Caserotti, & Tully, 2020). Despite their continued activity, elderly individuals face limited professional prospects while they aspire to make a meaningful contribution to society (Cribb & Emmerson, 2019; Silva e Farias et al., 2020). Pensioners are not receiving pension increases that are commensurate with the rising inflation rates affecting the elderly. Due to their financial constraints, they are unable to access the necessary medical facilities or treatments (Cribb & Emmerson, 2019; Khalid, Umar, Mushtaq, Altaf, & Ahmad, 2020).

Non-communicable chronic diseases significantly contribute to the death rate among elderly individuals in Pakistan. The most prevalent chronic non-communicable illnesses associated with aging include hypertension, diabetes, cardiovascular disease, musculoskeletal disorders, renal diseases, and bronchitis. Older women are more susceptible to morbidity compared to older men (Colpani et al., 2018). The majority of elderly individuals residing in metropolitan areas and belonging to higher socioeconomic backgrounds experience age-related chronic illnesses. In addition to non-communicable ailments, some elderly persons also suffer communicable illnesses. The primary causes of mortality among elderly individuals are viral

hepatitis and tuberculosis. In impoverished communities, the incidence of communicable diseases surpasses that of non-communicable diseases (Khalid et al., 2020).

7. Discussion

The COVID-19 pandemic has exposed and exacerbated several health disparities that previously existed among different demographic cohorts, as stated by the World Health Organization. Individuals belonging to marginalized racial and ethnic groups, including people of color, as well as vulnerable populations such as refugees, asylum seekers, and those with poor socioeconomic status, have experienced disproportionately high rates of death, which is both tragic and unjust (Bambra, Riordan, Ford, & Matthews, 2020; Van Dorn, Cooney, & Sabin, 2020). COVID-19 has been described as a simultaneous and mutually reinforcing pandemic in the most disadvantaged areas due to interrelated risk factors and comorbidities that exacerbate health disparities and increase the burden of the disease (Van Dorn et al., 2020). Low-income nations such as Pakistan may see more severe impacts from the virus, while high-income countries, despite their abundant economic resources and well-functioning healthcare systems, are still swamped. Nevertheless, when there are apprehensions over the onset of the illness, degrees of anxiety increase (I Ali, 2020). Low-income nations are particularly vulnerable to the significant effects of COVID-19 due to a combination of demographic, societal, and health-care system-related factors. Political and economic institutions prominently exhibit tangible displays of institutionalized violence and structural inequity (Inayat Ali & Ali, 2022). COVID-19 has a disproportionately severe impact on low-income countries, mostly because of a confluence of elements relating to population, society, and healthcare systems. Political and economic systems prominently demonstrate visible manifestations of institutionalized violence and structural inequality.

The COVID-19 pandemic presents a perilous risk of exacerbating inequality in Pakistan. The COVID-19 pandemic alerts emerging nations to two potential hazards. The escalating number of COVID-19 cases has exposed the deficiencies in the already vulnerable healthcare system, while attempts to contain the spread of COVID-19 may exacerbate economic disparities. The Government of Pakistan implemented a National Lockdown as its response to the COVID-19 outbreak. This assessment examines the potential impact of this regulation reform on income inequality in Pakistan (Ahmed et al., 2022). A nationally representative household survey was employed to ascertain the correlation between the nationwide lockdown in Pakistan, caused by the COVID-19 pandemic, and the exacerbation of economic disparity. The implementation of a nationwide lockdown may result in a nearly 16% widening of the income disparity between the top 10% and bottom 10% of the population (Ahmed et al., 2022). One's health can be influenced by factors such as income, employment, healthcare accessibility, education, economic and social opportunities, and living conditions. It is argued that an individual's socioeconomic status has an impact on their health (Murtaza, Mustafa, & Awan, 2015). Individuals experiencing poverty frequently suffer from inadequate health, rendering them the most susceptible individuals within society (Wang, Monteiro, & Popkin, 2002).

The provision of healthcare in Pakistan is mostly carried out by hospitals in both the public and private sectors (Javed, Liu, Mahmoudi, & Nawaz, 2019). In Pakistan, the public healthcare system, like in many other developing nations, is failing, despite the private sector's diligent attempts to offer top-notch treatment that seems to satisfy patient needs (Aftab & Razzaq, 2016). According to literature, just 30% of Pakistan's population receives medical care in state hospitals, while around 70% do so in private ones (Hashami, 2020). This data highlights the government's insufficient provision of healthcare and its promotion of private institutions in the country, which is a cause for concern. Pakistan's healthcare system has been hindered by infrastructure challenges, as well as a lack of equity and concerns related to administration and governance. Underprivileged areas are currently burdened with exorbitant healthcare costs due to shortages of personnel in remote locations, inadequate resources, badly maintained roads, and substandard Basic Health Unit (BHU) services. Tehsil hospitals are situated at a considerable distance from rural areas, hence limiting the local population's access to the majority of the facilities and services offered by these hospitals (Afzal & Yusuf, 2013). The present outbreak has highlighted the insufficiency of Pakistan's healthcare system, which is facing an unprecedented level of strain (Spinelli & Pellino, 2020). Pakistan was affected by the COVID-19 epidemic that occurred from 2019 to 2022.

8. Conclusion

Through an extensive examination of literature and existing statistical data, it can be deduced that the COVID-19 pandemic has a disproportionately negative impact on vulnerable groups. They were already included in the demographic that was undergoing some type of distress. The onset of this illness exacerbated their distress and posed substantial challenges to their ability to endure. Pakistan, a developing country with an economically volatile climate, a significant poverty rate, and limited resource utilization capacities, has experienced significant challenges among its underprivileged populations. In such circumstances, the COVID-19 epidemic worsened the situation.

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